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The Navy Bureau of Medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families. To achieve maximum medical information distribution, your command is highly encouraged to distribute MEDNEWS to ALL HANDS electronically, include MEDNEWS in command newspapers, newsletters and radio and TV news programs.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

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Headline: Shelton ready to tackle TRICARE issues  
By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON -- DoD has made huge strides in quality-of-life issues, but healthcare for service members and their families still needs serious work, the nation's top military officer said Jan. 31.

"To have implemented TRICARE worldwide in five years with its 8.3 million beneficiaries is quite an accomplishment," Army Gen. Henry Shelton, chairman of the Joint Chiefs of Staff, said in opening remarks at the three-day 2000 TRICARE Conference here. "A tremendous amount has been achieved, but I'm sure you'll all agree with me that we still have a long way to go."

Shelton told his audience of some 400 civilian and military healthcare providers and administrators that healthcare is one of DoD's "big four" quality-of-life issues - the building blocks of a quality volunteer force. The other three are pay and compensation, retirement benefits, and housing.

He cited the 4.8 percent pay raise, pay table reform and repeal of the Redux retirement plan in the fiscal 2000 budget as examples of the defense leadership's commitment to recruit and retain a quality force. Also, Defense Secretary William Cohen in January announced a major initiative to eliminate out-of-pocket housing costs within five years.

"This year we've got to address healthcare," Shelton said. "The bottom line is that our service members and their families must be able to count on their healthcare system. Our fighting men and women on the front lines of freedom need to know that their families are being taken care of."

He told the group that thanks to e-mail, today's deployed troops know almost immediately if there is a problem with healthcare at home. "While they are doing their job taking care of the nation's defense, they expect us to provide an effective, user-friendly healthcare system," he said.

Overall, TRICARE beneficiaries may say they're satisfied with the healthcare they receive, but many complain about the process of getting that care, Shelton said. "Every time I talk to them, one of their most frequent complaints is ...with the process it takes to finally get the care they need," he said.

"To the health system's credit, once our men and women and families receive care, few of them complain about the quality of care or the attitude of the healthcare providers," he told the conference attendees. "This is a bright spot in the system, and when it works it is the result of the hard work that you all do."

Shelton said many frustrations can be traced to poor customer relations and bad business practices. TRICARE's regional structure works against consistency in such "common-sense areas" as appointments, claims and enrollment, he noted.

"As many of you know, TRICARE requires that members re-enroll every time they change regions, something that occurs frequently as our service members and their families must pick up and move every two to three years," he said. "This adds to their stress and frustration, and oftentimes, their workload."

Another concern is that there are differences in benefits between those stationed stateside and those stationed overseas. "These challenges require our urgent attention," Shelton said. He noted that Dr. Sue Bailey, assistant secretary of defense for health affairs, addressed the Joint Chiefs in January and laid out a plan and a schedule to fix these issues. But that's still not enough, he said.

"We ask our service members to be ready to serve any

time, anywhere. They expect no less from their healthcare system," he said. "If a service member can't count on TRICARE when it's needed, then when the time comes to re-enlist, the answer might just be 'no.' In short, TRICARE can't be just an insurance agency; it must be much more."

Shelton said he has testified before the Senate Armed Services Committee that improving medical care is a top DoD priority in the fiscal 2001 defense budget. He said improvements should focus on several areas:

- Fully funding and placing more emphasis on the Defense Health Program. Shelton said the program has been underfunded for several years. "We are encouraging unit leadership, from the senior flag officers to the platoon leaders, to understand, get involved and become advocates for the military health system," he said. "This is clearly a program that deserves command attention and support."

- Ensuring every installation has a TRICARE hot line. "(This is) not to bypass the chain of command, but to bring medical care issues to the attention of the appropriate people at the appropriate levels," Shelton said.

- Increasing retirees' benefits. Important first steps would be to increase pharmacy benefits and to fully fund and expand TRICARE Senior Prime. "Our retirees deserve the healthcare that they have earned and DoD committed to," he said.

- Establishing a healthcare network to meet the needs of all beneficiaries. Start this with automatic enrollment of all active duty members and their families, Shelton said. He said beneficiaries should have quick, easy access to case managers, and fair and timely claim payments. All enrollees need to know who their primary case manager is and how to contact them. "I applaud your recent initiative to make sure that the patient knows his doctor by name," he said.

"This is just plain good medicine."

- Changing "navigation" to make the system as customer-focused and easy to use as possible. "Many service members' attitudes toward TRICARE stem from their experiences on the telephone," Shelton said. "Our service members and their families should not be forced to wait on the phone and listen to recordings for 20 minutes just to secure an appointment." He said another irritant, the claims process, should be "invisible to the active duty members and simplified for all others."

The chairman told the group his staff will work actively with DoD's new Defense Medical Oversight Committee, which aims to address current irritants and future benefits of the military healthcare system.

He urged managers to test their own systems. "For those who are military healthcare members, try not wearing your uniform one day -- you've got my permission -- and walk into the TRICARE offices you're responsible for to see how you're treated," he said. "If you find things not to your liking, fix them."

"Remember, if it's hard for you, imagine what it's like

for the young, inexperienced mother of two whose husband is deployed to Bosnia or Kosovo or any of the other garden spots our troops are deployed to," Shelton said.

He told the group they should act as advocates for their beneficiaries, not adversaries. "You work on behalf of our warriors and their families. They need your support, and I know that you are committed to helping them," he said. "It is my goal that a future chairman a few years from now can come before you and say with conviction, 'Our healthcare system is a success and better than any other in the world, bar none.'"

For more information about TRICARE, visit the web site at <http://www.tricare.osd.mil>

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Headline: Naples shows "Can Do" spirit supporting Fleet ship

By Lt. j.g. Jon Spiers, USN, USS Spruance

USS SPRUANCE (AT SEA) -- After a relaxing holiday period, the "Quiet Warriors" of USS Spruance (DD 963) started out the new century with a Mediterranean Sea deployment.

As Spruance entered the fourth month of its cruise, the ship's Medical Department continued the excellent medical readiness of everyone onboard. But before that medical readiness could be achieved, the ship needed the help of U.S. Naval Hospital Naples.

The week before Spruance and the USS John F. Kennedy (CV 67) Battle Group were to deploy from Mayport, Fla., and Norfolk, Va., Hurricane Floyd disrupted pre-deployment planning including halting medical physicals and other preventive care. So the ship got underway still needing to complete some of the crew's medical work.

But as far as medical preparation was concerned, the hurricane simply highlighted the forward thinking of the Spruance medical team and the flexibility of Navy Medical facilities. Chief Hospital Corpsman (SW) Bob Martel and his Spruance corpsmen had a backup plan for the crew's medical needs.

As soon as the ship's visit to Naples, Italy, was confirmed, its corpsmen contacted the Fleet Liaison Officer at Naval Hospital Naples, Hospital Corpsman First Class (SW) Mike Lechette, to arrange appointments and finish the medical care the hurricane had curtailed.

Martel said, "The dental clinic staff, Branch Medical Clinic at Capodichino and the Naval hospital staff, especially Petty Officer Lechette, were all fantastic at scheduling appointments ahead of time and getting last minute appointments and providing supplies as well."

A few days later when the Spruance arrived in Naples, the ship's corpsmen were busy ensuring that all medical examinations and procedures would occur as planned. Hospital Corpsmen Third Class Frances Breitenfeld and Roger Watson, the Spruance's junior Corpsmen, kept pushing

physical examination paperwork, performing initial screening tests and collecting samples for the hospital's lab work.

Early coordination with the hospital and action by the ship's corpsmen permitted 109 appointments. Additionally, the dental clinic provided emergency care for some of Spruance's Sailors.

Getting medical work done for one-third of a destroyer's crew was not only a medical headache. Hospital coordination was so meticulous, a bus was provided to transport the Sailors back and forth from the pier to the hospital in Naples to ensure everyone arrived on time for their appointments.

In a "Can Do" fashion, hospital staff extended their working hours to expedite getting Spruance back to sea. According to Lechette, that included providing medical work for Spruance Sailors in addition to supporting regularly scheduled appointments.

Another example of the hospital team's full-service was providing pharmacy "care packages" to the Spruance Medical Department, which were timely supplements to the medical supplies of a forward deployed ship.

Spruance shoved off to continue its Mediterranean cruise with a medical readiness profile considerably improved. Bravo Zulu to U.S. Naval Hospital Naples for its excellent support.

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Headline: Military liaison group tells the TRICARE story  
By Earl W. Hicks, Bureau of Medicine and Surgery

AURORA, Col. - Before going to sea, a Sailor or Marine wants to know that medical care for the family is in place and that loved ones will not have difficulty getting that care. Ensuring that "know how" information is available to active duty naval personnel and their families is the job of the Military Liaison Directorate (MLD) of the TRICARE Management Activity.

MLD, originally founded to educate Health Benefits Advisors during the Civilian Health and Medical Program of the Uniformed Services or CHAMPUS era, now spreads TRICARE information with a variety of training techniques.

In addition to eight TRICARE training courses scheduled at Aurora each year, MLD teams also give TRICARE training presentations to medical personnel at Military Treatment Facilities and to line organizations around the world. "We recently completed a week-long training program at U.S. Naval Hospital Yokusaka, Japan, and at Keesler Air Force Base, Miss.," said Hospital Corpsman First Class Douglas N. Elsesser (FMF) of the Navy/Marine Corps liaison office in Aurora. "Attendees learned about TRICARE Prime and Standard, selected benefits and active duty special considerations such as enrolling at each new command, among other topics."

The MLD office in Aurora is joint-service and comprises

Navy, Army, Air Force and Coast Guard personnel. Its mission is to teach Department of Defense uniformed personnel, medical department personnel, retirees and their families around the world about TRICARE.

MLD teams travel more than 100,000 miles each year giving 3-day and one-week courses and briefings, according to Lt. Cmdr. Michael Anaya, MSC, of the Navy/Marine Corps liaison office.

Understanding the program is not the problem," but becoming familiar with the process takes more training, according to Anaya.

The MLD is also planning for future enhancements to its TRICARE messages, according to Elsesser. Some of the enhancements include taking more training and messages to Fleet ships before deployment. Elsesser said presentations to active duty naval personnel and their families before the ship gets underway can alleviate a lot of concerns about medical care.

Another enhancement will be complementing current communications methods with a Health Benefits Advisors email network to ensure new policies and guidance gets to the advisors immediately.

"If beneficiaries can understand the process, it seems likely they will have greater comfort with lower frustration and out of pocket expenses," said Anaya. "Patient satisfaction and understanding is very important to all within TRICARE."

Lt. Cmdr. Michael Anaya, MSC, of the Navy/Marine Corps liaison office contributed to this story.

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Headline: Keep your smile for life  
From Bureau of Medicine and Surgery

WASHINGTON -- Are you afraid of the dental needle? Do you enjoy keeping your mouth open for a long time? Do you cringe at the sound of a dentist's drill? It is possible to avoid these experiences for the rest of your life simply by controlling your dental health.

What usually brings us in contact with the needle and drill is dental cavities and gum disease caused by bacteria that live in our mouths. If the bacteria are allowed to multiply and grow in number, they destroy teeth and gums.

Cavities or caries destroy tooth enamel. They occur when foods such as milk, soft drinks, raisins, cakes or candy containing sugars and starches are frequently left on the teeth. Bacteria that live in the mouth combine with the sugars and starches to make acids that over time destroy tooth enamel.

Every time you eat food that contains sugars or starches your teeth are attacked by acid for 20 minutes or more.

Gum disease is caused by plaque, a sticky film with bacteria that constantly forms on the teeth. These bacteria create toxins that can damage the gums. In the early stage

of gum disease, called gingivitis, the gums can become red, swollen and bleed easily.

At this stage, the disease is still reversible and can usually be eliminated by daily brushing and flossing. Gum disease is usually painless. If left untreated it can lead to inflammation of the gums with loss of the bone that surrounds and supports the teeth. This gum deterioration affects three out of four adults in a lifetime and is the main cause of tooth loss in adults.

The best way to remove plaque from tooth surfaces is to brush and clean between your teeth twice a day with a soft-bristled brush. The size and shape of your brush should fit your mouth, allowing you to reach all areas easily.

Use toothpaste that contains fluoride, which helps protect your teeth from decay. Cleaning between the teeth with floss or interdental cleaners removes plaque from between the teeth and other areas where the toothbrush can't reach. Cleaning between the teeth is essential in preventing gum disease.

A dental check-up will ensure early detection of problems. The dentist may suggest using plastic material sealants that bond to the grooves of the chewing surfaces of back teeth. The sealants will act as a barrier protecting enamel from plaque and acids that cause decay.

The Navy's dental treatment community rates the dental health of naval personnel as class 1, 2, 3 or 4. Class 1 means you do not require any dental treatment. You are dentally healthy. This is the class that the Navy dental department wants all Naval personnel to have.

About 70 percent of Sailors and Marines are in the other dental classes.

Class 2 means you require dental care, but there is a low risk of a dental emergency within the next 12 months. You may need a small filling, a cleaning or a crown. You should schedule an appointment right away.

If you fall in dental class 3 or 4, you should visit your Naval Dental Center as soon as possible. Class 3 is someone who requires urgent care and there is a high risk that you will have a dental emergency within the next twelve months. You may need one or more large fillings treated, a root canal or an extraction of one or more teeth (most often the wisdom teeth).

Dental Class 4 is given to patients who have not had an exam within the last 12 months or more and their dental condition is unknown.

The Navy Dental Corps has a goal of ensuring that Naval forces are dentally ready for deployment.

"The Sailors and Marines that serve this country deserve nothing but the very best dental care, they deserve dental health," said Rear Adm. Jerry Johnson, DC, chief of the Navy Dental Corps.

By taking care of your teeth, eating a balanced diet and visiting your dentist regularly, you can have healthy teeth and an attractive smile for the rest of your life!

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Headline: Anthrax question and answer  
From Bureau of Medicine and Surgery

Question: What areas are considered high-threat for exposure to anthrax?

Answer: The Joint Staff has designated Korea, Bahrain, Jordan, Kuwait, Oman, Saudi Arabia, Qatar, the United Arab Emirates (UAE), Yemen, and Israel (10 countries and surrounding waters) as high-threat areas.

For more information about anthrax visit the web site at <http://www.anthrax.osd.mil/>.

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Headline: TRICARE question and answer  
From Bureau of Medicine and Surgery

Question: If I enroll in TRICARE Prime does that mean that my whole family has to enroll?

Answer: Not all family members are required to enroll in TRICARE Prime. Depending on your specific situation and needs, it may be best, for example, for a spouse to be in TRICARE Prime, and a student son or daughter, to use Extra or Standard. Contact your TRICARE Service Center for advice.

For more information visit the TRICARE web site at <http://www.tricare.osd.mil/>.

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Headline: Healthwatch: Flu season brings double trouble this year

By Tanya Brown, Bureau of Medicine and Surgery

WASHINGTON -- The flu bug made its rounds early this year, filling up emergency rooms and overworking hospital staffs while leaving a trail of high fevers and achy muscles.

But don't think that the close of January brought an end to this flu pandemic.

"I expect to have another wave [of the flu] in a week or two," said Capt. Michael Krentz, MC, Department Head at Naval Medical Center Portsmouth.

There are generally two waves of the flu, according to Krentz. The largest wave, which hit the country in early January is slowly ending, but the second wave has yet to peak.

Fortunately, it won't tear through the country with the same a fury as its predecessor.

"We won't see as many cases," said Krentz.

"Eventually, so many folk would have had the flu that there won't be enough new people to contract it, and it will die out."



That's a welcome relief for the thousands of people who have suffered through the symptoms brought on by the virus. But for the small percentage that has yet to feel the wrath of the nasty bug, there's still enough time to get the flu shot.

"The key to prevention is the influenza vaccine," said Cmdr. Dennis Rowe, MC, family physician at Naval Hospital Pensacola. "The vaccine is a good, effective vaccine."

Although the vaccine is not 100 percent effective, Rowe said that taking the vaccine reduces the risk of contracting the flu. "And even if you do get the flu, you won't have as bad a course than if you didn't get the vaccine," he said.

Rowe advises people at high risk - heart problems, diabetes, asthma and premature infants - to get vaccinated.

Influenza, commonly called the "flu," is a viral infection that affects the respiratory tract. Unlike other viral respiratory infections like the common cold, the flu causes a more severe illness, but does not last as long and like all viral infections, it does not respond to antibiotics.

Two new flu drugs Relenza and Tamiflu are the latest development in combating the flu, but they are not a cure-all.

According to a report by the Food and Drug Administration, flu drugs do not prevent people from catching influenza. The report comes after several public inquiries that suggested doctors were prescribing flu drugs for other ailments.

"Prescribers should be aware that patients with severe influenza-like illness, especially those who have chronic medical conditions, may have significant bacterial infections ...instead of influenza," the report said.

Relenza and Tamiflu only work within the first 48 hours of having the flu symptoms.

If the initial preventive measure of taking the flu vaccine is not an option, then there is always a secondary measure. Because the flu is primarily transmitted through the air it doesn't hurt to minimize its spread.

"Covering your mouth when you cough or sneeze and good handwashing techniques are invaluable," said Rowe.

"Overall, prevention is the key."

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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